

Application Data Sheet

Application Information

Application number::
Filing Date:: February 26, 2002
Application Type:: Regular
Subject Matter:: Utility
Suggested Classification::
Suggested Group Art::
CD-ROM or CD-R?:: None
Number of CDs::
Number of Copies of CDs::
Sequence Submission?::
Computer Readable Form (CRF)?:: No
Number of Copies of CRF::
Title:: PRESENTING ELECTRONIC IMAGES
Attorney Docket Number:: 106201.122
Request for Early Publication?:: No
Request for Non-Publication?:: No
Suggested Drawing Figure:: 2
Total Drawing Sheets:: 16
Small Entity?:: No
Latin Name::
Variety Denomination Name::
Petition Included?::
Petition Type::
Licensed US Govt. Agency:: No
Contract or Grant Numbers::
Secrecy Order in Parent Appl.?:: No

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Robert
Middle Name::
Family Name:: Caspe
Name Suffix::
City of Residence:: Sherbourne
State or Province of Residence:: Massachusetts
Country of Residence:: US
Street of Mailing Address:: 32 Hunting Lane
City of Mailing Address:: Sherbourne
State or Province of Mailing Address:: Massachusetts
Country of Mailing Address:: US
Postal or Zip Code of Mailing Address:: 01770

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Michael
Middle Name::
Family Name:: Harris
Name Suffix::
City of Residence:: Concord
State or Province of Residence:: Massachusetts
Country of Residence:: US
Street of Mailing Address:: 113 Peter Spring Road
City of Mailing Address:: Concord
State or Province of Mailing Address:: Massachusetts

Country of Mailing Address:: US
Postal or Zip Code of Mailing Address:: 01742

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Eugene
Middle Name::
Family Name:: Zarkin
Name Suffix::

City of Residence:: Boston
State or Province of Residence:: Massachusetts
Country of Residence:: US
Street of Mailing Address:: 85 Brainerd Road, #603
City of Mailing Address:: Boston
State or Province of Mailing Address:: Massachusetts
Country of Mailing Address:: US
Postal or Zip Code of Mailing Address:: 02135

Correspondence Information

Correspondence Customer Number:: 23483
Phone Number:: 617-526-6010
Fax Number:: 617-526-5000
E-Mail Address:: jason.reyes@haledorr.com

Representative Information

Representative Customer Number:: 23483

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
		[20 character max]	[8 characters mm/dd/yy]

Foreign Priority Information

Country::	Application Number::	Filing Date::	Priority Claimed::
[50 character max]	[20 character max]	[8 characters mm/dd/yy]	Yes or No

Assignee Information

Assignee Name:: Sound Vision, Inc.
Street of Mailing Address:: 432 Boston Post Road (Route 20)
City of Mailing Address:: Wayland
State or Province of Mailing Address:: Massachusetts
Country of Mailing Address:: US
Postal or Zip Code of Mailing Address:: 01778